Duty of Candour Letter Template

Written notification after a notifiable safety incident. Send it after the in-person conversation, and again with the results of your enquiries. Replace everything in grey. Keep a copy.

Service name, address and phone

Date

Private and confidential

Name and address of the relevant person

Dear name ,

Thank you for meeting me / name and role on date . As promised, I am writing to confirm what we discussed about short description of the incident on date .

What happened. 20(4)(a) A true account of all the facts we know so far, in plain words.

What we are doing to find out more. 20(4)(b) The enquiries or review we will carry out, and when we expect to finish.

What we found. 20(4)(c) In the follow-up letter: the results of our enquiries and what we have changed.

Our apology. 20(4)(d) I am sorry that what happened to the person , and I am sorry for the distress this has caused.

Support. If you would like support, an advocate, an interpreter or someone with you when we next meet, please contact named contact on phone or email . Independent advice is also available from Action against Medical Accidents (AvMA).

We will contact you again by date .

Yours sincerely,

Name Role (registered manager or provider)

Note for staff, delete before sending. Regulation 20 defines an apology as an expression of sorrow or regret, and CQC says apologising is not an admission of liability. Section 2 of the Compensation Act 2006 says an apology does not of itself amount to an admission of negligence or breach of statutory duty. Apologise whether or not anyone was at fault.

Duty of Candour Record and Checklist

One record per notifiable safety incident. Keep it securely with the incident report, the health care professional's opinion and copies of every letter.

Person (relevant person):

Incident date and reference:

Date we became aware:

Completed by:

Is it notifiable? (all three must be yes)

Unintended or unexpected in the care itself?	Yes / No
Happened during a regulated activity?	Yes / No
Harm threshold met, Reg 20(9) or 20(8)?	Yes / No Which harm:
Health care professional who gave the opinion	Name, role, date:

The steps

Step	Regulation	Date and by whom	Notes
Told the person in person	**20(2)(a), 20(3)(a)**		
Gave a true account of known facts	**20(3)(b)**		
Explained further enquiries	**20(3)(c)**		
Apologised	**20(3)(d)**		
Offered reasonable support	**20(2)(b)**		
Recorded the conversation securely	**20(3)(e)**		
Sent the first letter	**20(4)(a), (b), (d)**		
Sent the results of enquiries	**20(4)(c)**		
Kept copies of all letters	**20(6)**		
Could not reach them or they declined: attempts recorded	**20(5)**		

Other duties for the same incident

CQC notification (death or serious injury)	Needed? Yes / No Sent:
Safeguarding concern to the local authority	Needed? Yes / No Raised:
Commissioner or contract notification	Needed? Yes / No Sent:
Learning and actions agreed	